2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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DOCUMENT # L99000002403 1. Entity Name				Ap	Apr 11, 2006 08:00 AM Secretary of State			
C & P EN	ITERPRISES OF MANATEE L	L.C.						
Principal Plac	ce of Business	Mailing Address						
308 64TH STREET COURT N.W. BRADENTON FL 34209-1527		308 64TH STREET COURT N.W. BRADENTON FL 34209-1627						
2. Principal Place of Business		3. Mailing Address		112211511	win inside rashi wasili malifi		1) Mar ()) 1881	
Suite, Apt. it, etc.		Suite, Apt. #, etc.		1st A	MOORE (CR2E083 (10/05)		
City & State		City & State		4. FEI Number	65-0916840	 	pplied For ot Applicab	
Zip	Country	Zip	Country	5. Certificate of	Status Desired	\$5.00 Ad	ditional ed	
	Name and Address of Current F	legistered Agent		7. Name and A	ddress of New Re	gistered Agent		
CAUNDEDO DAIN			Name					
SAUNDERS, PAUL 308 64TH STREET COURT N.W. BRADENTON FL 34209-1627		-	Street Adda	ress (P.O. Box Number	s Not Acceptable)			
			City			FL Zip Cod	1e	
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egislered office or re	gistered agent, or both,	in the State of Flor	ida. I am familiar with	, and accep	
SIGNATURE	Signature, typed or printed name of registered agent at	nd tifle it applicable. (NOTE I	Registered Agent signature o	equired when reinstating?		DATE	 -	
		FILE NO	WIII FEE IS \$50.	.00		- ·- - · ·		
9.	MANAGING MEMBER	RS/MANAGERS	10.	. 1 2 1 1 1 2 8 F 1 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADDITIONS/0	CHANGES		
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11. I Defeby (certify that the information supplied with	inis tiling done not mistily for	the eventtions con	2 DEC noitne2 of boories	1 cotutet2 chisci	withou and the that the t	oformation	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE: Paul III. Saunde-

4-6-2006 941-798-3861